State of Washington
Department of Retirement Systems

CREDIT REDISTRIBUTION

Employer Name:					Organization No.:	
Retirement System	PERS = P	TRS = T	SERS = E	LEOFF = L	WSP = S	Judicial = J
Reporting Group:						

Prepared by: Telephone Number:

From			To		
System & Plan	Reporting Period or Invoice Number	Payment Number	System & Plan	Reporting Period or Invoice Number	Amount

Mail this form to:

Department of Retirement Systems
PO Box 9018
Olympia WA 98507-9018

For DRS use only:

Approved by: ____________________

(DRS Account Manager)

Date:

DRS MS 139 (R10/01)

RESET FORM

Using the Credit Redistribution Form

General Information

Use this form to redistribute previous payments. Do *not* attach a payment. To make a payment, use the appropriate Payment Advice form (DRS MS 136 or DRS MS 137 revised 10/01).

A receivable balance is reflected in the Balance Due column on your Statement of Account Activity. If the balance due is a credit (your payment was **greater than** the invoice amount) it will be reflected with a negative sign to the right of the number, for example, **$10.00-**. You may apply all or part of a credit balance to any debit balance (your payment was **less than** the invoice amount). The applied credit may cover only a part of the amount owed. You may apply other credits to the remaining receivable balance, using separate lines. You may redistribute credits between systems and/or plans.

If you have any questions about completing this form, please call your account manager listed on your statement, or contact Employer Support Services at (360) 664-7200, or toll-free at 1-800-547-6657, ext.47200.

Completing the Form

Employer Name	Enter your organization's name as shown on your Statement of Account Activity.
Organization Number	Enter your Organization Number as shown on your Statement of Account Activity; e.g., 9999.
Reporting Group	Enter your DRS Reporting Group as shown on your Statement of Account Activity; e.g., 5000. If you have entries for more than one Reporting Group, list each Reporting Group individually in a separate box.
From **To**	Use the **FROM** column to document the current location of the credit balance. Use the **TO** column to document where you want DRS to apply the credit.
System & Plan	Enter the letter code of the applicable system as indicated on the front page of this form; e.g., T for TRS. Enter a 1, 2 or 3 for the applicable plan. (Example—T2.)
Reporting Period or Invoice Number	Enter the 8-digit unique Invoice Number for DRS-generated invoices or the 6-digit month-year invoice number used for the transmittals (052000 for May 2000) as shown on the Statement of Account Activity.
Payment Number	Enter the payment number; e.g., check, warrant, or electronic fund transfer (EFT) number, corresponding to the receivable showing a credit balance on the Statement of Account Activity.
Amount	Enter the amount you are moving expressed as a positive number. Do not use brackets or other symbols.

Mailing the Form

Mail this form to: **P.O. Box 9018, Olympia, WA 98507-9018**	Where do other forms go? P.O. Box 48380, Olympia, WA 98504-8380
Other forms that should be mailed to this address: Payment Advices and Retirement Contributions DCP payments DCP Transmittals (not retirement)	This address should receive: Retirement transmittal information, forms and other correspondence